MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

E OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) State Maryland Finchville (If rural, give LOCATION) 2.(a) If veteran, name war 3. (b) Social Security Number none MEDICAL CERTIFICATION 20. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Immediais cause of death DURATION (Include pregnancy within 3 months of death) Major findings of operations..... PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, sutcide, or homicide..... Where did injury occur? (City or town)

Injured at work?

Injured at home, farm, Industry, public place (where?)

Means of injury

			CERTIFICAT
1. PLACE OF DEATH:		***************	
City or town Federals (If outside city	or town lim	Rura its, write RI	JRAL and give nearest town)
How long in above place of death?. Hospital, Institution, or street add	Life	ath occurred:	
How long in hospitat or institution	?		
3. (a) FULL NAME	Marte	wa.	Batson
4. Sex 5. Color of	r race	6.(a)Single	married, widowed, or divorced
Male Colo	ed:	3 7	Vidowed.
6.(b) Name of husband or wife	Eva.	Bation)
7. Birth date of deceased (mo., day, yr.)			If alive, give ageyears
8. AGE: Years Mon			It less than one day
61	2	15	
9. Sirthplace	Tes Con (Town, co	unty, and st	maryland atc)
11. Industry or business		Farm	
12. Name Lie mi	ah A	ation)	Z ^ _
13. Birthplace Gorches	ler los	unty "	nayland
E 14. Maiden name Man	garet	value	V
15. Birthpiace Lord	ester Co	really	Maryland.
16. Informant Henry	Batson	_ V	
Address Rendes	dale, 7	Maryla	nd . R. F. C.
	al. Which?)	Date thereo	(moneh) (day) (year)
		~/	ared Anetery
Location Mean Fa		17 1	and and
18. Funeral director		/	4 Son
Address tederal	string	may	pland

JAN 28 1817 BUREAUTY B ARGIN RESERVED FOR BINDING

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PLEASE

VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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215.7	D	D:	NI.	116

COLOR

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County				State Maryland County Ricomico			
City or town	Car	n ridge	RURAL and give nearest town)	State	inty	*******************	
How long in above place of death?				City or town			
	Easter		State Hospital	(If rural, give			
How long in hospitat or	institution?	14:	yrs 9 mos 9 ds	2.(a) It veteran, name war	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
3. (a) FULL NAME		1	Hiram Betts		3. (b) Social Security N	lumber	
4. Sex	5. Cotor or race	8.(a)Sing	le, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	He III	
Male	White	Si	ngle	20. DATE OF DEATHJanuar	y 21 19 47	10 P	
6.(b) Name of husband 7. Birth date ot deceased (mo., day, y	***************************************		c) If alive, give ageyears	21. I CERTIFY that death occurred an the date about 1923 and that I last saw halive on	ove stated; that lattended decea January January 21	19 47	
8. AGE: Years	Months	Days	If less than one day	Immediais capse of death	Cardiovascula	LT	
79	2	20	hrsmin.	Disease	,,	15 yrs	
			ico Cy Maryland state) aborer	Due to		prus	
	ruitland Cather	Wicomi ine Wa	co Cy Maryland tt mico Cy Maryland	Diher conditions Epilepsy Amputation of right (Include pregnancy within 3) Major findings of operations.	months of death ALSCASE		
16. Informant				Actopsy results		tatistically.	
	or rom val. Which?	Date the	Maryland (month) (day) (year)	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	Date of		
0	Ham	Cerk	arely	Where did Injury occur?			
Location	Man	16.1	Verston Hackor	Means of injury	injured at work?		
Addryss Addryss 19, (Date rec'd by res	fung des	d C	hunch St.) hunch St.) humace for ma	23. SIGNATURE Cambridge	Id Date signed	1/21/47	

Wicomico

Maryland

JAN 24 1947 BUREAU V 8

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

776

00491

				Rog, Dist. 140mm.	*******
1. PLACE OF DEA				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infauts give residence of mother)	
				Stale Maryland County Dorchester	
(If outside city or town limits, write RURAL and give nearest town)				City or journ Rural-Bishops Head	
How long in above place of Hospital, institution, or s				(If outside city or town limits, write RURAL and give nearest town)	
Bisho			u.	Street No. Bishops Head ((frural, give LOCATION)	
How long In hospital or			-	2.(a) If veteran, name war	
3. (a) FULL NAME				3. (b) Social Security Number	
	Roy	resto	n G. Bramble		
4. Sex	5. Color or race	6.(a)Sing	te, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	White		Married	20. DATE DF DEATH January 6, 19 47 at 8:	Α.
6.(b) Name of husband of	wife Mabel	Wing	ate	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
			E.E.	12/3/1-2 19 10 10	9
7. Birth date of deceased (mo., day, yr		188		and that I last saw h	3
8. AGE: Years	Months	Bays	If less than one day	1.	who
60	-	-		S. J. Da Land J. Day	7 -00
9. Birihplace Bish	nops Head	, Do	r. Co., Md.	Due to Talercules of hanging	41
1D. Usual occupation			blatey		<i>!</i>
11. Industry or business	11			Due to	
	rod Bran	hle			
12. Name Bush		AIV	***************************************	Gther conditions	
		****		(Include pregnancy within 3 months of death)	
14. Malden name.	ervinia	Wing	ate	Major findings of operations	
14. Maiden name. N	Maryland				
16. Informant Kath	eleen Ab	bott		Antopsy results.	
Address Bish	ops Head	, Ma	ryland	PHYSICIAN: Please underline the cause to which death should be charged statistically	•
	or removal, Which?)		reof Jan. 7 1947.	VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
			Church Cemetery	Where did injury occur?	
Locallon Bish	ops Head	, Ma	ryland.	Injured at home, farm, Industry, public place (where?)	
			neral Service	Maans of Injury Injured at work?	
	ridge. M			- Martyanov	
10.6	7 47	71/ :	an D Patelett	23. SIGNATURE	14
19. Date rec'd by ry.	19	WAR	Registrar	Address 136 Vace DI Canfred Date signed 16	1.
V				1900	

WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: pl PLEASE VS A15

MARGIN RESERVED FOR BINDING

JAN 23 1947 BUREAU T a 2411 N. Charles St., Baltimore

00492

CERTIFICATE OF DEATH

1. PLACE OF DEA		atom		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	Cambri	greer		State Maryland County Dorcheste	Ph.	
City or town						
How long in above place of death?			8 mos 19 ds	Cily or town	est town)	
			te Hospital	Street No. (If rural, give LOCATION)		
			yrs 8 mos 19 ds	2.(a) If veteran, name war		
3. (a) FULL NAME			3	3. (b) Social Security 1		
S. (G) FULL NAME		oneld W	Creighton		lumber	
4. Sex	5. Color or race		e, married, widowed, or divorced	none		
Male	White		ngle	MEDICAL CERTIFICATION		
				20. DATE OF DEATH January21 19 47	at8 45P.M	
6.(b) Name of husband of	or wife			21. I CERTIFY that death occurred on the date above stated; that I attended decea		
			c) If alive, give ageyears	May 1 19 43 to Janua		
7. Birth date of			-, , , , , , , , , , , , , , , , , , ,	and that I last eaw h. im alive on January 21	19.4./	
deceased (mo., day, yr 8. AGE: Years	Months	Days	If less than one day	Immediaic cause of death	DURATION	
26	10	3		Epilepsy	16 yr	
9. BirthplaceHoop 10. Usual occupation			hester Cy Md.	Due to		
11. Industry or business						
12. Name	Alfre	d W. Cr	eighton	Diher conditions Psychosis with Convulsuve		
13. Birth Hoope	ers Islan	d Dorch	ester Cy Ma yland	D isorder (Include pregnancy within 3 months of death)	7 Jrs	
14. Maiden name	Li	llian T	yler	Major findings of operations		
15. Birthplace	Hoopers	ville D	orchester Cy Md.	Date of op.		
16, Informant				Aotopsy results		
			laryland	PHYSICIAN: Please onderline the caose to which death should be charged a	tatistically.	
Address	- 0		1/23/17	22. VIOLENCE: If death was due to external causes, fill in the following:		
17(Burial, cremation,	or removal. Which	Date the	(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or cremator	7 dan	res!	name and	mero did injury occur?	(State)	
3	Til		week me	Injured at home, farm, Industry, public place (where?)	.,	
Location	C.C.	4	e Somi	Meane of Injury Injured at Nork?		
18. Funeral director	0			1/2 7. /h.	,,,)	
Address			y me	23. SIGNATURE	Montell	
19. Jan	73/ 19 47	20	hu mace ful. m. a	M. D. o	1/21/47	
(Date rec'd by reg	istrar)	0.	Registrar	Address Date signed		

FOR BINDING ARGIN RESERVED ADING INK. Supply every item of information carefull: Physicians: please write the causes of death clearly and

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00493

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Dorchester City or town Federalsburg - Rural (If outside city or town limits, write AURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Federalsburg - Williamsburg Road How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Mayland County Deschertar City or town Faderalsburg Rural (If outside city or togon fimits, write RURAL and give nearest town) Street No. Faderalsburg Williamsburg Road (Frural, give LOCATION) 2.(a) It veleran, name war		
3. (a) FULL NAME William F. Davis	3. (b) Social Security Number		
4. Sex 5. Color or race B.(a) Single, married, widowed, or divorced Wale White Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 19 47 1		
6.(b) Name of husband or wife Minnie H-Davis 6.(c) If allve, give age years 7. Birth date of deceased (mo., day, yr.) June 24 1883	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from 19.20 to January (9 19 4) and that I last saw h. Accordance on January (9 19 4) Immediate cause of death		
8. AGE: Years Months Days If less than one day 63 6 25 hrs. min.	earcinom of ling & in		
9. Birthplace Sussey County Delaware (Town, gounty, and atate) 10. Usual occupation. Lettered Farmer 11. Industry or business Farm 12. Name Delay Henry Davis 13. Birthplace Sussey County Delaware	Due to		
14. Malden name. Mary Malissa alford 15. Birthplace Caroline County, Maryland 16. Informant Mr. Earl Davis Address Faderalsburg, Maryland R.F.D.	(Include pregnancy within 3 months of death) Major findings of operations		
17. Burial Date thereof January 22, 1947 (Burial, cremation, or removal. Which?) Cemetery or crematory Country Lecation Near Federal Strung Many Cand	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
18. Funeral director. A. J. Frampton and Son Address Federalsburg Maryland 19. January 2219 47 Charle Hablings (Date rec'd by obgistrar) Megistrar	23. SIGNATURE Address. Date signed Address. Date signed Address.		

JAN 28 1947 BUREAU V 8 ect age

1 DIACK OF DEATH.

PLEASE WRITE A15 SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2 HIGHER DECIDENCE (LICANIE) OF DECEASED

OF DESIGN	OARR OF	TO THE SPECIAL PROPERTY.
CRRIFT	CATE OF	DEATH
	OILIA OI	TO ALLA A A A

Reg. Dist. No. //(

00494

County Deckeeter	(For newborn infants give reaidence of mother)
	State maryland county Dorspeli
(If outside city optown limits, write RURAL and give nearest town)	State
How long in above place of death?	(If outside city or town limits write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 47 Houy Has Vr
47 Douglass Street	Street No. (If rural give LOCATION)
How long in hospital or in-difulion?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Colored married	20. DATE OF DEATH. Junualy 14 19 47 01 4:30 P. M
S.(b) Name of husband or wife. Wiscle Mennes	21. I CERTIFY that deat occurred on the date above stated: that I attended deceased from
6.(b) Name of husband or wife.	December 4 1946, 10 Juneary 1947
6.(c) If allve, give age years	
7. Birth date of deceased (mo., day, yr.) Lebruar 15- 1891	
8. AGE: Years Months Days If less than one day	Immediais cause of death DURATION
-10	auroule thullaten BAR
53 10 219hrsmln.	Vilraona Eleme Hd.
9. Birtholace 12altimore Nd	Due to Pro Mysen dite 12 met
(Fown, county, and state)	
10. Usual occupation Laly	Due to
11. Industry or business	949 10
	2 7
12. Name V21 K21 0 IV21 13. Birthplace	Other conditions Asymptotinaisend 18 miles
≤ 13. Birthplace	
14. Maiden name Ella 1) emis	(Include pregnancy within 3 months of death)
	Major findings of operations
2 15. Birthplace (nknows)	- Qate of op.
18. Intermant Viview Alexans	Autopsy results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address of 7 Worreglasse Street	22. VIOLENCE: If death was due to external causes, fill in the following:
17. /2UX12 Date Thereof dan 19 1949	7
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Wave h Cemetery	Where did Injury occur?
Campridge Md	Injured at home, farm, Industry, public place (where?)
Location State of the Control of the	
18. Funeral director Willest Cart Hon	Mesns of Injury Injured at work?
Address Paratirestar Mc	0 10 0 10 100
Address - The state of the stat	23. SIGNATURE Carrolf M A. Clair Me
1 179/ 10 to loke neate m	M. D. or other
(Date rec'd by registrar) Registrar	Address In Till 1/2 Date signed 1/ 15/47.

JAN 22 1947 BUREAU F & ARGIN RESERVED FOR BINDING

PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	0	043	95	
Reg.	Diat.	No	116	

1. PLACE OF DEA				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County			*****************	State Maryland County Talbot	
Cliy or town					
Now long in above place of	of death?	mos. 12 ds		City or town	est town)
Hospital, institution, or s	street address where	death occurred:		Street No.	
		ern Shore Sta		(If rural, give LOCATION)	/
How long in hospital or	Institution?	9 mos. 1	2 ds	2.(a) If yeteran, name war	
3. (a) FULL NAME				3. (b) Social Security N	lumber
	J	Tames D. Flen	ning		
4. Sex	5. Color or race	6.(a)Single, married, wid	owed, or divorced	MEDICAL CERTIFICATION	
Male	White	Widowed		20. DATE DF DEATH	at1.5A
		Clara Thawley		21. I CERTIFY that death occurred on the date above stated; that I attended decease April 13 18.46 to January	
7. Birth date of				and that I last saw h alive on January 24	1947
deceased (mo., day, yr.		ember 17 1859		Immediate cause of death	DURATION
8. AGE: Years 87	Months 1	Bays If less that	hrs. min,	Acute Cardiac Decompensation	***************************************
8. Birthpiace	Harring	ton Delaware county, and state)		Due to Chronic Myocarditis and Myo-	
				cardial Degeneration	unknbw
10. Usual occupation	Farme	C		Due to	***************************************
11. Industry or business					
置 12. Name		les H. Flemin		Ditter conditions Psychosis with Cerebral	b
13. Birthplace	Han	rrington, Dela	aware	Arteriosclerosis (Include pregnancy within 3 months of death)	1 yr
W as Maiden some	F	rances Powel:			
H 14. maiden name				Major findings of operations	
15. Birthplace		Delawa			
16. Informant	Hos	pital Records	3	Autopsy results	tatiotica No
Address		Cambridge, Mc	i		tatioucany.
17. (Burial, cremation,	R Whigh?	Date thereof	7-47 nth) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
(indria), cremitton,	Green	en den	1	Where did tnjury occur?	(State)
Gemetery or cremator	00 0	71.	. A. O	(City or town) (County) Injured at home, farm, industry, public place (where?)	, - , - , - ,
Location	7 -	a Mar	y source		
18. Funeral director	1 dails	x Bus		Means of Injury tnjured at work?	
Address	Desta	well Ma	egland	Special Hollows	P. o 4.10
0		0000	(1 1 2 2 9	23. SIGHATURE. M. D. o	other
19.	9 -19 27	John /n	Registrar	Address	•
Mare rec'd by reg	INDIMI')	100	reckiestut	Anniess Critical Train C. M. M. Cra. A. T. Grand pare signed	

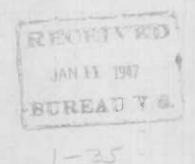
JAN 28 1947 BUREAU

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2411 N. Charles St., Baltimore

		CI	ERTIFICAT	E OF DEA	TH	Reg. Dist. No.	16
City or town	ester bridge utside city or town lin of death? 40 street address where d St.	nits, write RURAL and gri		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State			
		lice Wadde				-	
Female Female	5. Color or race White	6.(a) Single, married, wido Widowed		2D. DATE DF DEATH		ertification y 8, 1947	at 2:P
(Died 5	/3/1941) Sept.]		ageyears	and that I last saw h	ath 19.	ove stated; that t attended deci	19
10. Usual occupation 11. Industry or busines	5	CO.a. Md.a		Due to		roug Butterse	a k ma
13. 8irthplace	Maryland	Trice		Major findings of opera	de pregnancy within S		
10. Interment	. Carlos bridge, N	Hanna Maryland		Autopsy results	uderline the cause to w	hich death should he charged	
Cemetery or cremato	"Christ (Date thereof Jan. (mont) Church Ceme	etery	Accident, suicide, or hor		Date of	(State)
18. Funeral director	LeCompte	Maryland s Funeral		Means of Injury		tnjured at work?	
t9. (Dato rec'd by re	ridge, Ma	John n	recession of the Registrar	23. SIGNATURE	mbridge	Es, Def. Mus M.D. L-Mille Date signed	or other

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TRAT	TEI	CATE	OF	DE	ATE

M		
1	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanse give residence of mother)
	City or town Church Creeke	State myland county Worklester
	(If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)
	Hospital, Institution, or street address where death occurred:	Street No.
		(If rural, give LOCATION)
	How long In hospital or institution?	2.(a) If veteran, name war
	3. (a) FULL NAME	3. (b) Social Security Number
1	4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
ì	temale negro widowred	20. DATE DF DEATH 2 1947 21 1947 M
	B.(b) Name of husband or wife Levigl R. Johnson	21. I CERTIFY that seath occurred on the date above stated; that t attended deceased from
1	7. Birth date of deceased (mo., day, yr.)	and that I Jost saw bear allive on bear 1885
	8. AGE: Years Months Days If less than one day	Immediate cause of death College State Sta
	7/ Will O mer min.	Energena Principles 2 27 5.
	9. Birthplace (Town, county, and state)	Due to
	10. Usual occupation Harraduife	Due to
	tt. Industry or business	DUE 10
	12. Name unkennen	Other conditions
	\$ 13. Birthptace underwer	(Include pregnancy within 3 months of death)
	E 14. Maiden name un Euro	Major findings of operations.
	15. Birthplace contemos	Date of op.
	16. Informant Alexander Hell	Autopsy results
	Address i leterative much	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	17 Bural Date thereof 1 23 47	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
	(Burial, cremation, or removal. Which?) (month) (dny) (year)	Where did injury occur?
	Durch to B.	(City or town) (County) (State)
	10021101	Means of Injury Injured at work?
	16. Puneral director	224
	Address 6 ambridge 379	23. SIGNATURE . T. Jacob M. D. or other
	19 1/23/ 19 27 John mace for n	M. D. or other

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

(Date rec'd by registrar)

Registrar | Address | Address | Date signed | 2 | 7 |

JAN 25 1947 BUREAU V 6 correct age

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PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. // 26

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOWE) OF DECEASED: (For newborn infants give residence of mother)			
County Jouchester				
City or lown Huslack	State Maryland County Souchester			
(If outside city or town limits, write RURAL and give nearest town)	City or lown Hurlock - Rural			
How long in above place of death? 15 moutes	(If outside city or town limits, write RURAL and give nearest town)			
Hospital, Institution, or street address where death occurred:	Street No. Peterstung			
	(If rural, give LOCATION)			
How long in hospital or institution?	2.(a) It veteran, name war			
3. (a) FULL NAME	3. (b) Social Security Number			
Mittie a. Jolly				
	None			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Female Coloned married	20. DATE OF DEATH January 24 1947 at 1:15 P. M			
6.(b) Name of husband or wife tames a. tolly	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from			
	January 12,1847 to January Hat			
7. Birth date of				
deceased (mo., day, yr.) October 11 1887	and that Clast saw h			
8. AGE: Years Months Days If less than one day	Immediais cause ul death			
6. 102.	Congetire heart failure 2 works +			
59 3 /3hrsmin.	100 - 2			
9. Birthplace Dorchester Courty Maryland	Due to Chronic Myorardial 5 yrs +			
9. Birinplace (Town, county, and state)	The second terms of the se			
10. Usual occupation Housesonk	- guerra jan			
	Due to.			
11. Industry or business Home				
12. Name ramuel tackson	Other conditions			
13. Birthplace Louchester County, Maryland				
	(Include pregnancy within 3 months of death)			
# 14. Malden name Henrietta Davis				
15. Birthplace Dorchester County, Maryland	Major findings of uperations.			
1 13. Brimpiace				
16. Informant tames a tolly	Autopsy results			
Address Hurlock Maryland, R.J.D.	PHYSICIAN: Please underline the cause to which death should be charged statistically.			
	22. VIOLENCE: It death was due to external causes, fill in the following:			
(Burial, cremation, or removal. Which?) Bale thereof January 27, 1947 (month) (day) (year)	Accident, Builde, or homicide			
Cemetery or crematory Petersburg Cornetery				
	Where did Injury occur?			
Location Wear Hurlock Maryland	Injured at home, farm, industry, public place (where?)			
' //	Meens of Injury tojured at work?			
18. Funeral director of J. Framptom and Son	1/41 2 3 4			
Address Federalsburg Maryland	110/ January M.D.			
1 an an What had better	23. SIGNATURE M. D. or other			
19 Canada 19 P Registrar Registrar	Address Hurlock Ma. Date signed 1/27 47			

FEB 4 1947

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. WARGIN RESERVED FOR BINDING

A15 VS

(I'at rec'd by registrar)

CERTIFICA	TE OF DEATH Reg. Dist. No. 116
1. PLACE OF DEATH: County County City or town (If outside city or town limits, wate) RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME druest J. Kelly	3. (b) Social Security Number
4. Sex 5. Color or sace 6.(a) Single. married, wildowed, or divorced where of husband or wife. See the same of husband or wife. See	and that I last saw h. I. T. alive on
16. Informant Address 17. Granial, cremation, or removal, Which?) Cemetery or crematory Location 18. Funeral director	Major findings of operations. Oate of op. Autopry results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?)
Address Courted, Md. 19. Jan. 27- 19 47 John Mareste M. Registrar	Q3. SIGNATURE M. D, of other M. D, of other Date signed.

Registrar | Address.

RECEIVED

JAN 28 1947

BUREAU V 8

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MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

462

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CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF County Dorc				2. USUAL RESIDENCE (HOM (For newborn infants give resident)	1E) OF DECEASED: ence of mother)		
			***************************************	stale Maryland	county Dorchester		
City or town	City or town. Cambridge (If outside city or town limits, write RURAL and give nearest town) Row long in above place of death? 26 Years			Clty or town Cambridge (If outside city or town limits, write RURAL and give nearest town)			
				(If outside city or tow	vn limits, write RURAL and give nearest town)		
	or street address where			Sireel No. 406 Willi	s St.		
400	WITTIS D	T.a		(If run	al, give LOCATION)		
How long in hospita	al or instilution?			. 2.(a) If veteran, name war			
3. (a) FULL NA					3. (b) Social Security Number		
	Cha	rles 1	Willard Kinnamo	n	214-07-7933		
4. Sex	5. Color or race	6.(a)Sing	e, married, widowed, or divorced	MEDICA	AL CERTIFICATION		
Male	White	M	arried				
Malo	MITTOG	1414	arried	20. DATE OF DEATHJ.8	nuary 30, 1947 al 3:46A M		
6.(b) Name of hush:	and or wife Verdo	na W.	Hurley	2t. 1 CERTIFY that death occurred on the	date above, stated; that I altended deceased from		
				Vunay 24	19 / 10 June 20 30 19 4/		
7. Birlh date of		~ 3.0	c) If alive, give age 67 years	and that I last saw harmalive on	January 29 1941		
	ay. yr.) July 1'			Immediate cause of death	DURATION		
01 11041	ears Months	Days	If less than one day	II			
6	9 6	13		Carcinous of	reclum -		
a Birthniana C	hurch Cree	ek. Do	or. Co., Md.	Due to			
				5 US 10			
10. Usual occupatio	Furnitu	re Sa	Lesman	04	***************************************		
11. Industry or busi	ness Furnitu	re		Due 10			
_			amon				
	Maryland	<i>#####</i> ####	74 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Diher conditions			
				(Include pregnancy wi	ithin 3 months of death)		
불 14. Malden na	me Ezella I	M. Cal	ısey				
15. Birihplace	m. Ezella I				Date of op.		
	. Charles	Kinne	mon				
					se to which death should he charged statistically.		
Address Ca	mbridge, 1	Maryla	and.	22, VIOLENCE: If death was due to exte			
17. Bur	ial	Date ther	(month) (day) (year)		Date of		
Cemetery or crem	natory East No	ew Mar	eket Cemetery	Where did injury occur?(City or	town) (County) (State)		
Location Ea	st New Man	cket.	Maryland.	Injured at home, farm, Industry, public p	lace (where?)		
18. Funeral directo	LeCompte	s Fur	neral Service	Meens of Injury	Injured at work?		
	mbridge. N			flethyll's	Mukes - no		
2/1	1 47	, //	2 2 5	23. SIGNATURE	M. D. or other		
19.	19 J	100	w March 712	thuch y	ml 1-1-47		



A15 SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1947	410
H. H. W	1100
D: N-	400

1. PLACE OF DEATH: County Dortherter City or town Muslocker (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland. County Acrobatiles. City or fown. (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number
George M. Lake	
4. Sex 5. Color or race S.(a)Single, married, widowed, or divorced Male Colored Married	MEDICAL CERTIFICATION 20. DATE DF DEATH
6. (b) Name of husband or wife fulia take 7. Birth date of deceased (mo., day, yr.) About 1884	21. I CERTIFY that death occurred on the date above stated: that attended deceased from 19 to 19
8. AGE: Years Months Days If less than one day Obout 62 unknown hrs. min.	Immedia cause of death DURATION Occupation Occupation Occupation
9. Birthplace Louchester County Mary and (Town, county, and state)	Due to.
10. Usual occupation. Day baloves 11. Industry or business Ice Delivery	Due to
12. Name	Other conditions
14. Maiden name 15. Birthplace	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.
18. Informant George It take Address Seaford Delaware	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Surial (Burial, cremation, or removal, Which?) Cemetery or crematory Askington Col. & Conetty	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Near Auslock Maryland	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
18. Funeral director Tramptom	
Address Federalsburg Maryland 19 Jan 9 - 19 4 7 Chushibaling Regispar	23. SIGNATURE WOLFORMAN M. D. or other Address Levelock Mar Date signed 1/8/47

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JAN 28 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Sucha	
77 20 77 30 300	

CERTIFICATE OF DEATH

	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Maryfood County Dorchester
	City or town (If outside city or town limited, write RURAL and give nearest town)
	Street No.
H	(If rurat, give LOCATION)
	2.(4) If veteran, name war.

	-					
3. (a)]	FU	LL	NA	M	E

4. Sex

1. PLACE OF DEATH: County Dorchester

How long In above place of death?.

How long in hospital or institution?.

Hospital, institution, or street address where death occurred:

5. Color or race

11000

Elmer K. Lord 6.(a) Single, married, widowed, or divorced 3. (b) Social Security Number Hone

Make	nuce		married	
6.(b) Name of husband	d or wife Em	## Soften	a. Lord	
7. Birth date of deceased (mo., day,	yr.) Decemb	ev 1:	C-1 aol Give aBe	2 year
8. AGE: Yea	Months	Days 9	if less than one day	mln
9. BirthplaceDo	rehester Com.	county, and	Maryland	
10. Usual occupation	-10	iner	ź	
11. Industry or busine		Farm		
12. Name	tames to	d	``````````````````````````````````````	***************************************
13. Birthplace	orchecter	County	, Maryland	

City or town ... Willia making ... (If outside city or 194n limits, write RURAL and give nearest town)

D. DATE OF DEATH January 22 19	47 11:40 P
1. I CERTIFY that death occurred on the late above stated; that I attem December 26 19 46 10 Jan	
nd that I last saw h im alive on January 22	
emediaic cause of death Acute Coronary Occlusion	duration 4 hrs.

MEDICAL CERTIFICATION

Bueto A chronic myecarditis & left Ventricular failure	4 Mos.
Due to	****************

(Include pregnancy within 3 months of death)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

		٠		۰				

Major findings of operations.

Date of op.

Hill Crest Centlery

22. VIOLENCE: If death was due to external causes, fill in the following Date thereof tanuar 25 1947 (month) (day) (year) Accident, suicide, or homicide.....

Where did injury occur?

Injured at home, tarm, Industry, public place (where?)

Means of injury

tnjured at work?

23. SIGNATURE.....

Address P.O. Box 95 Preston, Md Date signed 1/24/47

(City or town)

(Date rec'd by Tegistrar)



2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 116

ATH:					
lester		***************************************	Maryland Dorchester		
outside city or town	limits, write b	URAL und give nearest town)			
of death? 2.	Years	***************************************	(If outside city or town limit	ts, write RURAL and give ne	arest town)
street address where	death occurred	:	Street No. Washington	St., Ext'd	
			(If rural, giv	e LOCATION)	
r Institution?	LO Day	8	2.(a) If veteran, name war		
e Wi:	lliam	Edward Marshall		3. (b) Social Security	Number
5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
White	M	arried			6:40P.
or wife Flore	ence M	oore	21. I CERTIFY that death occurred on the date at	bove stated: that I aftended dece	
			19	.T. 10	19
					19
	Days	tf less than one day		Alocak	V days
5	1	hrs mln.	Cleuro	7	70
ite Hall	Mary	land	movement on onch	iel	2 days.
(Town	, county, and	itate)	asThma		
			Due to		
cambrid,	ge Wir	e Cloth Co.	0	D 1 -	
vin Mars	hall		Other conditions article mites	and over	cho
arvland			at Ventral here	io.	
Carolin	e Whea	tlev	(Include pregnandy within 3	~ 4 -1 -	
		A	Major findings of operations.	1	~ / .
aryland	. 7 7	3		Date of op./	0/47
			Autopsy results	which death should be charged	statistically.
, Cambri	dge, l	Maryland.			
1	. Dale ther	Jan. 26, 1947			
					(State)
LeCompte	's Fw	neral Service	Means of Injury	Injured at work?	
			01/2	auxs	
1/ 1/	7 0	1. 1. 9	23. SIGNATURE	M. D.	of other
19.	- Pr	My Mac A	Address Caentri Egl	Date cigner	125/47
	e of death? 2. r street address where lge Mary! r Institution? E Wi. 5. Color or race White or wife Flore white S Months 5 ite Hall (Town Labore s Cambrid vin Mars aryland Carolin aryland James M , Cambri l , or removal Which ory Greenl lbridge, LeCompte	nester noridge outside city or town limits, write No e of death? 2 Years r street address where death occurred lige Maryland H or Institution? 10 Day E William 5. Color or race 6.(a)Single White M or wife Florence M yr.) Aug. 22, 18 s Months Days 5 1 ite Hall, Mary (Town, county, and r taborer ss Cambridge Wir vin Marshall aryland Caroline Wheat aryland James Marshall aryland James Marshall aryland James Marshall aryland James Marshall aryland Lecompte's Fundamental Cambridge, Maryland Lecompte's Fundamental Cambridge	pester bridge outside city or town limits, write RURAL and give nearest town) e of death? 2 Years r street address where death occurred: lige Maryland Hospital r Institution? 10 Days E William Edward Marshall 5. Color or race 6.(a)Single, married, widowed, or divorced White Married or wife Florence Moore 6.(c) If allve, give age 53 years yr.) Aug. 22, 1892 s Months Days tf less than one day 5 1 hrs. min. ite Hall, Maryland (Town, county, and state) Laborer ss Cambridge Wire Cloth Co. vin Marshall aryland Caroline Wheatley aryland James Marshall y Cambridge, Maryland. 1 Dale thereof, Jan. 26, 1947 n, or removal, Which?) Dale thereof, Jan. 26, 1947 ory, Greenlawn Cemetery abridge, Maryland LeCompte's Funeral Service abridge, Maryland. 1 Compte's Funeral Service abridge, Maryland.	Construction of the state of th	(For newborn infrants give residence of mother) State. Maryland County Dorchester Street address where death occurred: It county and the spital County Dorchester Washington St., Ext'd Street No. Washington St., Ext'd If rural, give LOCATION) 2(a) If veteran, name war. Street No. Washington St., Ext'd Street No. Washington St., Ext'd If rural, give LOCATION) 2(a) If veteran, name war. Street No. Washington St., Ext'd If rural, give LOCATION) 2(b) Bate De BEATH January 23, 1s. 47 21. Icps/fir/ that death occurred on the date above stated; that J fittended decreases of death occurred on the date above stated; that J fittended decreases of death and that I last suw h.f.f. alive on 1x 2 Indicate cases of death occurred on the date above stated; that J fittended decreases of death and that I last suw h.f. alive on 1x 2 Indicate County on the date above stated; that J fittended decreases of death and that I last suw h.f. alive on 1x 2 Indicate County on the date above stated; that J fittended decreases of death and that I last suw h.f. alive on 1x 2 Indicate County on the date above stated; that J fittended decreases of death and that I last suw h.f. alive on 1x 2 Indicate County on 1x 2 Indicate County on the date above stated; that J fittended decreases of death and that I last suw h.f. alive on 1x 2 Indicate County o

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corfect a is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE VS A15

FEB 10 1947 BUREAU V & 2411 N. Charles St., Baltimore

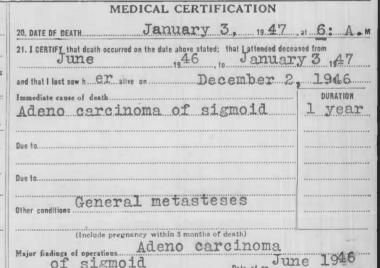
Reg. Dist. No...

3. (b) Social Security Number

CERTIFICAT	E OF DEATH
1. PLACE OF DEATH: County Dorchester City or town Rural-Fishing Creek City or town limits, write RURAL and give nesrest town) How long in above place of death? Life Hospital, Institution, or street address where death occurred: Fishing Creek How long in hospital or institution?	2. USUAL RESIDENCE (For newborn infants a state Maryland City or town Rural (if outside c Street No. Fishi
3.(a) FULL NAME	

2. USUAL RESIDENCE (HOM (For newborn infants give reside	
State Maryland	County Dorchester
City or town Rural-Fis (if outside city or town Street No. Fishing C	limits, write RURAL and give nearest town)
(If rura	l, give LOCATION)
2.(a) If veteran, name war	

	Lul	d D. TATEL	Meane
4. Sex	5. Color or race	6.(a) Single, married, wido	wed, or divorced
Female	White	Married	1
6.(b) Name of husband	or wife Dr. J	ames W. Me	
7. Birth date of deceased (mo., day, y		6.(c) If alive, give	
8. AGE: Years 69	Months	class that	vs. Was min
	(Town, co	ek, Maryla	ınd
10. Usual occupation	Domestic		
11. Industry or business	Home		
置 12. Name Ma:	tthew Tyl	er	0+0+10000000000000000000000000000000000
	Maryland		
14. Malden name	Angeline	Creighton	<u> </u>
S 15. Birthplace 1	Maryland		
	James W.	Meade	
Address Fisl	ning Cree	k, Marylar	id.
17 Buria	L	Date thereof Jan.	5, 1948



PHYSICIAN: Please underline the cause to which death should be charged statistically.

PLAINLY WRITE PLEASE

ormation carefully.

every item of ite the causes

MARGIN RESERVED FOR BINDING

(Burial, cremation, or removal, Which?) (month) (day) (year) Cometery or crematory Dorchester Memorial Park Cambridge, Marland 18 Funoral director LeCompte's Funeral Service Cambridge, Maryland.

Injured at home, farm, industry, public place (where?)

22. VIOLENCE: If death was due to external causes, fill in the following;

(City or town)

Accident, suicide, or homicide......

Where did Injury occur?

Means of Injury

(County)

JAN 11 1947 .
BUREAU VA

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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Reg. Diat. No....

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The state of the s					
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
County Dorchester					
City or town	State Maryland county Caroline				
How long in above place of death? 21 days	City or town. Federal sburg. (If outside city or town fimits, write RURAL and give neares	t town)			
Rospital, Institution, or street address where death occurred:	Street No.				
Eastern Shore State Hospital	(If rural, give LOCATION)				
How long in hospital or institution? 21 days	2.(a) If veteran, name war				
3. (a) FULL NAME	3. (b) Social Security Nu	mber			
Annie Mitchell					
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION				
Female White Married	20. DATE OF DEATH. January 24 19.47				
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended decease				
6.(c) If alive, give age	January 4, 19 47 to January 24				
7. Birth date of	and that I last saw h. er alive on January 24.	19.4./			
deceased (mo., day. yr.) September 2, 1897 8. AGE: Years Months Days If less than one day	Immediais cause of death	DURATION			
o. Auc.	Uremia 1	0 days			
		20 3			
9. Sirthplace Delaware (Town, county, and state)	Due to Nephritis	10 days			
10. Usual occupation Housewife	Castan automitia /2	10 days			
19, 00001 0000	Due to Gastro-enteritis /?	To days			
11. Industry or business Own					
12. Name Mr. Davis Clevenger 13. Birtholace United States	Other conditions				
	(Include pregnancy within 3 months of death)				
14. Maiden name Ida Joseph 15. Birthplace Georgetown, Delaware	Major findings of operations				
15. Birthplace Georgetown, Delaware	Date of op	,			
16. InformantEastern Shore State Hospital Records	Autopsy resnits.				
	PHYSICIAN: Please underline the cause to which death should be charged sta	istically			
0	22. VIOLENCE: If death was due to external causes, fill in the following:				
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide				
Cemetery or crematory Blackman Considering	Where did injury occur?	State)			
Incation I adenalshing mo	Injured at home, farm, Industry, public place (where?)				
1 21 8000	Means of Injury Injured at work?				
18. Funeral director. A Character M. Clarock	Mr. Maller	11/2			
Address edendaling YTY.	23. SIGNATURE M. D. or s	Mary Company			
19 Jan 27.10 47 John Macy Ju. Me	· _ 3///////////////////////////////////	14/19			
(Data reoff by registrar) Registrar	Andress Date signed	inhoport A			

PLEASE WRITE PLAINLY, WINH LINFADING INK. Supply every item of information carefully. The construction is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

JAN 28 1947 BUREAU V 8

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00506

					-/	
Reg. D	int	No	/	/	V	

1. PLACE OF DEATH: DORCHESTER	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
City or fown	State MARYLAND, County DORCHESTER
(If outside city or town limits, write RURAL and give nearest town)	City or town. (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
B. J. L. L. L. G. 10 D. 20	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
LENA ELLEN MURPHY	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FEHALE WHITE MARRIED	20. DATE OF DEATH CANUARY 24. 1947, 21 M
B,(b) Name of husband or wife	21. 1 CERTIFY, that death occurred on the date above stated; that I attended deceased from
7. Birth dalo of	3 19 47, 10 19 47
deceased (mo., day, yr.) June 9. 1878.	end that I last saw h.C.T. allvo on
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION METASTATIC CARCINOMA DURATION
69 69 6nin,	and the state of t
9. Birthplace (Town, county, and state)	Due to ADENIO CARCINOMA
1D. Usual occupation House WORK	OF MAXILLARY 3, NUS 2 YRS
11. Industry or business O XXV House	Due to
# 12. Name William DayTon.	Diber conditions
13. Birthplace MARYLAND	
	(Include pregnancy within 8 months of death)
14. Maiden name MARY HURLEY 15. Birthplace MARY LAND	Major findings of operations A) ENORARCINOMA. RTMAXILLARY SINUSDate of op. 3/10/46
18. Informant HOLLIS HURDHY	Antoppy results.
Address VIENNA MARYLANI)	PHYSICIAN: Please underline the cause to which death should be charged statistically.
11/2	22. VIOLENCE: If death was due to external causes, fill in the following;
17. (Burint, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetory or crematory CEMETER	Where did injury occur?
Location VIENNA MARY LAND	Injured at home, farm, industry, public place (where?)
18. Funeral director F. P. WILLO 464BY	Means of Injury Injured at work?
Address EAST NEW MARKET, Md	My Hanks
19. 1/25 1947. Elizabeth M. beal	23. SIGNATURE M. D. or other
(Date rec'd by registrar) Registrar	Address Cacoriage 1002 Bate signed 136/4)



PLAINLY, W. At UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

SN

PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

00507

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	state Maryland county Somerset
City or town	ewn) Fairmount
How long In above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town) Street No.
Easten Shore State Hospital	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Alonze T. Parks	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Singls, married, widowed, or divorce	
Male White Married	20. DATE OF DEATH January 5 19 47 at 11:45 Pm
8.(b) Name of husband or wife Anita Kamberily 6.(c) If alive, give age	and that I last saw h Ittialive on
deceased (mo., day, yr.) 8. AGE: Y ars Bl Bl Boys It less than one day Bl Bl Bl Bl Bl Bl Bl Bl Bl B	Immediate cause of death
9. Birthplece	
12. Name	Dither conditions
Amelia Colbert	(Include pregnancy within 3 months of death) Major fiedings of operations
Somerset Cy Maryla	nd Date of op.
16. Interment Hospital Records	Actopsy results.
Address Cambridge Maryland	PHYSICIAN: Please onderline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial, cremation, or removal. Which?) [Burial, cremation, or removal. Which?] [month] (day)	(year) Accident, suicide, or homicide
Cometery or crematory Fairmount M.E. Cometer	Where did Injury Occur? (City or town) (County) (State)
Location Fairmount, Md	Injured at home, farm, Industry, public place (where?)
H Harien Budal	Means of Injury Injured at work?
18. Funeral director. Crishield, Mid	Jan Brancisch
19 Jane 7 - 19 49 John Man	23. SIGNATURE Ca bridge Md M. D. or other
(15) (15) (15) (15) (15) (15) (15) (15)	Registrar Address Date signed Date sig



FOR BINDING

RESERVED

PLEASE WRITE PLAINLY, is especially

A15 VS

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore 937

Reg. Dis ING

01032

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Stato. Maryland Couchy Dorchester Cambridge (If outside city or town limits, write RURAL and give nearest town) Street No. 422 Pine Street (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, namo war		
3. (a) FULL NAME Vaseph Roberto	3. (b) Social Security Number		
Male S. Color or rack S. (a) Single. married, widowed, or divorced Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH YUMANY 29 19 47 31 3:30 P.		
6.(b) Name of husband or wife unknown 6.(c) If allve, give age year	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth dato of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 8. AGE: 3 9. Months Days It less than one day 8. Months Days It less than one day 8. Months Days It less than one day	and that flast saw h alive on 19.72. Immediate cause of death 000 000 000 000 000 000 000 000 000 0		
9. Birthplace	Due to.		
12. Name Juseph Roberts 13. Birthplace many eller 14. Maldon name many eller 15. Birthplace many lund	Other conditions // / / / / / / / / / / / / / / / / /		
Address 502 Pine Street	Autopsy results PHYSICIAN: Please underline the cause to which death should he charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following:		
(Burlal, cremation, or removal. Which?) Cometery or crematory Call Constant (day) (year) Lecation Cambridge Md.	Accident, suicide, or homicide		
18. Funoral director Level of Science St. Address 2 1 Marshing How St.	Mesns of Injury Injured at work?		
19. Jeh +/ 19 +7 John March M (Date rec'd by registrar) (Riegistrar	Address On M. D., or other Address Date signed 4/1/4/2		



1-	Eviden	ce	f	or	tle	add
	usual	res	Ξ	den	ce b	2
age	deceas	ed	i	S S	hown	On
#		G10		1/	28/4	7

Ltien of MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

				7	,	,	
Reg.	Dist.	No.	/		/	/	

00568

obitin to	Reg. Dist. No.
1. PLACE OF DEATH: County Norchester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town 5 ast new Market	state Maryland county Dorchester
(If out de city or town limits, write KURAL and give nearest town)	Feet New Monket
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No
	(If rurai, give LOCATION)
How long in hospital or institution?	2.(σ) If veteram, name war
3. (a) FULL NAME TO GRAND PORCE PORCE	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widdwed, or divorced	MEDICAL CERTIFICATION
Male Bolored Widower	20. DATE OF DEATH Damary 10 1947 210:00 A
6.(6) Name of husband or wife	21. I CERTIFY that does no occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.)	and that I last saw holy alive on all the same for the sa
8. AGE: Years Months Days If less than one day	DURATION DURATION
8 / 7 hrsmil	1 Degenopation 142+
9. Birthplace (Town, county, and Acto)	Due to.
10. Usual occupation farm Lardrew.	Due to General arterischosis 5 425-
11. Industry or business of	
12. Name Nos Joines Coss.	Dther conditions
14. Maiden name Maria Local Stringlage 221 & 15. 8 Irthplage	(Include pregnancy within 3 months of death)
14. maigen name	Major findings of operations
\$ 15. 8 Irthplace	
16. Informant Hallie Mallhew	Autopsy results.
to to be to	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address and and Market	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
(Burial, cremation, or removal Which?) (month) (day) (year)	
Cemelery or cromptory	Where did injury occur?
Location & at I new organizet	Injured at home, farm, Industry, public place (where?)
A 13 Millow Thele	Means of Injury Injured at work?
18. Funeral director.	1 los la como hax
Address 6 axy / Ow / / Oxy Cl	23. SIGNATURE CANNON IV
19. Can. 13 1947 Elizabeth . Smile	M. D. or other 1/12/47
(L)ape rec'd by registrar) Registra	Address Date signed.



PLEASE

VS A15

1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00509

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

Reg. Dist. No. 116

County Wardlesler	(For newborn infants give residence of mother)
N D	State Maryland County Wardlester
(If outside city or town limits, write RURAL and give nearest town)	0 th 0 0 0 0 1
How long in above place of death? 19 48 35	(If outside city or town limits, write RURAL and give nearest town)
How long in above place of dearns	
	Street No. (If rural, give LOCATION)
The second of th	
How long in hospital or Institution?	2.(a) If veteran, name war
3.(a) FULL NAME	3. (b) Social Security Number
	-1100
Charles 11. W. 3	care 1 10 th
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
hale white midomed	5 47 10:00/
0 10	20. DATE OF DEATH 19. 7. 21 / O. 21 /
6.(b) Name of husband or wife to the Selle	21, I CERTIFY that death occurred on the date above stated: that I attended deceased from
5.(0) Name of nusually of wife.	[Lecember 21 a 18 46, 10 January 5 18 41
	and that I last saw had a salive on
7. Birth date of deceased (mo., day, yr.) July 21, 1873	
8. AGE: Years Months Days / If less than one day	Immediate cause of deaths
0. AOL.	Cerebral Embalus / nour
/3 3 - min.	
() and () () and ()	Que to Osterio solutoria
3. Birthplace (Town, county, and state)	
	Ship the state of
1D. Usual occupation.	Due to De Clit- Premier D Zday
11. Industry or business	
12 Name Division Selle	Other conditions
	Dities Conditions
2 13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name I da Tredell	7
5 0	Major fiadings of operations.
\$ 15. Birthplace Services	Date of op.
16. Informant / No. L. M. Lamuer	Autopsy results. Hotel
- P \ 1 \ 1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Juliano of paruland	22. VIOLENCE: If death was due to external causes, fill in the following:
17 By rid Date thereof Kungry 8 1947	
(Burial, cremation, or removal, Which?) (month) (dy) (year)	Accident, suicide, or homicide
Cemetery a grematory place electer Messaries Clark	Where did injury occur? (City or town) (County) (State)
Gemelery - Temetory A. C.	
Location bear wadge I hard last	Injured at home, farm, industry, public place (where?)
de de la	Means of Injury Injured at work?
18. Funeral director	
Address Careleridge Thategland	CONSTALS SUMMER TON
	23. SIGNATURE M. D. or other
19 1/8 19 47 Vhu Mace to m	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Dato rec'd by registrar) Registrar	Address Date signed Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

00510

	Neg. Dist No.
I. PLACE OF DEATH: Darchesler	2. USUAL RESIDENCE (HOME) OF DECEASED: (Ear newborn infants give residence of mother)
County.	State Maryland County Wordholer
City or town	City or town
How long In above place of death?	
	Sireet No
How long In hospital or institution?	2.(a) tf veteran, name war
3. (a) FULL NAME Vettre V. Shermed	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Frankle white widowed	20. DATE OF DEATH 24 19.47 at 1:45 h
6.(b) Name of husband or wife Thomas B. Derman	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give ageyears	Aug 19 10 10 19 19
7. Birth date of deceased (mo., day, yr.) January 24-1868	and that I last saw file alive on 19.1. Immediate cause of death. Characteristics of the DURATION
8. AGE: Years Munths Days If less than one day	Pamodate Cause of death.
79 0 0hrs,min,	
9. Birthplace	Que to affill schiller head
10. Usual occupation Itamewife	Oslisi-ochina
11. Industry or business	and and the period of the second
12. Name arthur 2. Moore Co: P	Other ponditions feelbester, Orlee
	(Include pregnancy within 3 months of death)
14. Maiden name Mary amanda Asuso 15. Birthplace Lor Co.	Major findings of operations.
S 15. Birthplace Co.	Date of op.
16. Informant Mrs I termesu S. Cook	Autopsy results.
Address Combridge, and	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial Date thereof Jan 16 1917	22. VIOLENCE: If death was due to externat causes, fill in the following: Accident, suicide, or homicide
(Burial, cremation, or removal Which?) (month) (day) (year)	Where did injury occur?
Cemetery or crematury	(City or town) (County) (State)
Location Location	Means of injury tnjured at work?
18. Funeral director	1 (8 / 20.1)
Address Children Ma	23. SIGNATURE BANDE IN PROPERTY OF VIII V
19. Jan. 26 - 19 49 John Mayle me	M. D. or osher

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FEB 1 1947

BUREAU 7 6

2-35

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00511

	Reg. Dist. No.
1. PLACE OF DEATH: County. Dorchester City or town Cambridge (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Four Years Hospital, institution, or street address where death occurred: 238 Race St. How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give realdence of mother) State Maryland County Dorchester City or town Cambridge (If outside city or town limits, write RURAL and give nearest town) Street No. 238 Race St. (If rural, give LOCATION) 2.(a) If veteran, name war.
3.(a) FULL NAME	3.(b) Social Security Number
Thomas H. Simmons	-
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male White Single	MEDICAL CERTIFICATION 20. DATE OF DEATH January 10, 19 47 at 12: 15
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
9. Birthplace Hoopersville, Md. (Town, county, and state) 10. Usual occupation Waterman 11. Industry or business Marine Transportaion El 12. Name William A. Simmons 13. Birthplace Hoopersville, Md.	Due to. Diher conditions Chromic From hite Diverse from hite Divers
14. Maiden name Emma Ruark 15. Birthplace Hoopersville, Md. 16. Informant Mrs. Doris Parks Address Hoopersville, Md.	(Include pregnancy within 8 months of death) Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
burial Date thereof 1/11/47. (Burial, cremator, or removal, Whichi) Cemetery or crematory Family Location Hoopersville, Md. 18. Funeral director Le Compte Funeral Service	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Address Cambridge, Md. 19. (Date rec'd by registrar) 19. (Date rec'd by registrar)	23) SIGNATURE M. D. or other Address Date signed 111-1944

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. A15 NS

MARGIN RESERVED FOR BINDING

JAN 13 1947 BUREAU VA

CEPTIFICATE OF DEATH

CERTITICA	IL OI DEATH	Reg. Dist. No.
County	City or town(If outside city or town in	OF DECEASED: of mother) County,
Now tong In hospital or Institution?	2.(a) It veteran, name war	
3. (a) FULL NAME		3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL 20. DATE OF DEATH	CERTIFICATION 3 0 19 47 at 3:/54
6.(b) Name of husband or wife 6.(c) If alive, give age year 7. Birth date of deceased (mo., day, yr.) 18 - 18 7 1	11-15	19.76 10 1- 30 19.7 fan 24 19.7
8. AGE: Years Months Days If less than one day 75 4 1 7	Due to Carly Vaoca	las deserve
10. Usual occupation. 11. Industry or business	Due to	25cm: 12915
12. Namo Local Alors 13. Birthplaco	Diher conditions	in 3 months of death)
14. Maiden name Chraheth W lley 15. Birthplace 16. Interment Mrs Sadie S. Summers	Autonor results	Date of op
Address Cambrida ma	PHYSICIAN: Please underline the cause to 22. VIOLENCE: If death was due to externa	

MARGIN RESERVED FOR BINDING WITH UNFADING INK important. Physicians: PLAINLY, vis especially PLEASE WRITE

The correct age legibly.

. Supply every item of information care please write the causes of death clearly

A15 VS

Location 18. Funeral director (Date rec'd by registrar)

(Burial, eromation, or removal, Which?)

Cemetery or cramatory

Registrar Address 32

(month) (day) (year)

23. SIGNATURE

Injured at home, farm, Industry, public place (where?)

(City or town)

Accident, suicide, or homicide.

Where did injury occur?

Meens of Injury

M. D. or other

(County)

Injured at work?

(State)



PLAINLY, v is especially

PLEASE WRITE

SA

FOR BINDING

MARGIN RESERVED

1. PLACE OF DEATH:

MARYLAND.	STATE	DEPARTMENT	OF	HEALTI

2411 N. Charles St., Baltimore

00512

2. USUAL RESIDENCE (HOME) OF DECEASED:

CERTIFICATE OF DEATH

Reg. Dist. No. //6

County	Dorchester			(For newborn intants give residence of mother)		
	y or lown Cambridge (If outside city or town limits, write RURAL and give nearest town)		state Maryland county Wicomico			
How long In above place of death? 1 month		City or town				
	street address where d			Street No. 306 Hazel Avenue		
			pital	(If rura), give		
How long in hospital o	r Institution?	onth		2.(a) If veteran, name war		
3. (a) FULL NAM	E				3. (b) Social Security	Number
T 0						
Louis GO	ordon Washb	6.(a)Sing	te, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
male	white		widowed	WEDICAL C	ERTIFICATION	
mare	WIII		WICOWEU	20. DATE OF DEATH January 9	19.47.	
	. Rent	ha M	Fields	21. I CERTIFY that death occurred on the date abo	ive stated; that I altended dec	ceased from
				December 8	46 to January	9 19.47
7. Birth date of	*****	6. ((c) If allve, give ageyears	and that I last saw him alive on Jan		
deceased (mo., day,	yr.)October 1.	4, 18	75	Immediain cause of death		
8. AGE: Year	s Months	Days	If less than one day			
72	9	5	hrs,min,	Penumonia _ bronch	10	l day
a stateless Sha	ad Point. M.	arvlar	nd	Due to		
3. girtipiace	(Town, e	ounty, and	atate)	Chronic Myicarditis and		cardial
10. Usual occupation.	Carpenter			Oue to Degeneration		
11. Industry or busines	28			010 10		
		113010				***
				Other conditions	~ p	****
13. Birthplace	Shad Poin	t, Mai	ryland	Senile Demention	months of death)	
14. Maiden name	Sara Pryor	· · · · · · · · · · · · · · · · · · ·		Major findings of operations		
14. Maiden name	nad Point,	Marvla	and	major nagings of operations.		
16. Informantaste	ern Shore S	tate!	Hospital Records	Antopsy results	hich death should be charge	d statistically.
Address Cambi	ridge, Mary	land				
			reo1 /- / 47	22. VIOLENCE: It death was due to external cau		
(Burial, cremation	n, or remove() Whigh?)	10	(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or cremat	ory Dha	Q P-	bront Cemeter	Where did Injury occur?(City or town)	(County)	(State)
Location	7 / / 1	en	.0 //	Injured at home, farm, Industry, public place (w		
	4/1.	00	Sahman w	Means of Injury	Injured at work?	
18. Funeral director	file IT is	A	Johnson co-	01	1/1/	
Address	dist	ny	mal	Mull	Ila man	Am/e
1/	10 4T	-/	John Mace Je n	3. SIGNATURE Grace M. Bran	iscombe M. D	, or other
(Date rec'd by re	egistrar)	19	Registrar	Address Cambridge Warylar	Oate signed Hospital	110-47

JAN II 1917 BUREAU VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.116

Injured at work?

How long in above place o Hospital, institution, or s	midsewn ii f death? 13 treet address where Ise Mary	mits, write RURAL and give nearest town) Years leath occurred: Land Hospital	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of restate Maryland Court Cambridge (If outside city or town limits. Street No. Hambrooks Bl (If rural, give. 2.(a) If veteran, name war.	, write RURAL and give ne LVd. LOCATION)	Dorchester rite RURAL and give nearest town)		
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION			
Female	White	Widowed	20, DATE OF DEATH January		, at		
7. Birth date of deceased (mo., day, yr. 8. AGE: Years	June Months 7	Ohrsmin.	Immediate cause of death	Jan June	19.4 19.4 DURATION		
	(Town,	, Maryland county, and state)	Due to Stavu at com				
1D. Usual occupation			Cerefrage Through	Vallava	7		
13. Birthplace	amuel 700 Maryland Molly Mc	• Sheron	Other conditions. A. C.	nonths of death)	25110		
15. Birthplace I	Baltimor	Nally e, Maryland	Major hadings of operations.				
Addrese Camb	oridge,	Maryland	Autopsy results	ses, fill in the following;	d statistically.		
(Burial, cremation,		Date thereofJan13, 194 (month) (duy) (year) Hill Cemetery	Accident, suicide, or homicide				
Cemetery or crematory			(City or town)	(County)	(State)		

injured at home, farm, industry, public place (where?)

Meane of Injury

23_ SIGNATURE.

PLEASE

WRITE

Location Chruch Hill, Maryland

Address Cambridge, Maryland.

(Date rec'd by registrar)

18. Funeral director LeCompte's Funeral Service

IARGIN RESERVED FOR BINDING

JAN14 1947 BURNAD VA

7-35

2411 N. Charles St., Baltimore

00514

CERTIFICATE OF DEATH Reg. Diat. No	
1. PLACE OF DEATH. County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Thison	3. (b) Social Security Number
4. Sex 5. Color on rave 6.(a) Single, married, widowed, or divorced Male Thirty Thangel 6.(b) Name of husband or wife	MEDICAL CERTIFICATION 20. DATE OF DEATH. 21. I CERTIFY That death occurred on the date above stated; that I attended deceased from 1945, to a much 15 19 47
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and that I last (aw h VM alive on
9. Birthplace (Town, county, and state)	Due to Degeneration 5 yrs +
11. Industry or business 12. Name.	Bue to Coronary Afronbosis 2 yra
12. Name Jahren	(Include pregnancy within 3 months of death) Major findings of operations
18. Informant mrs George Wilson	Autopsy resulta
Address 17. Date thereof. (punth) (duy) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location New Branch State Close of Eller	(City or town) (County) (State) Injured af home, farm, Industry, public place (where?)
Address Address Address Address Address Address Address Registrar Registrar	23. SIGNATURE William C. Harrison M. D. or other Address Hurbock Mrd. Date signed 1/18/47

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WRITE

PLEASE

MARGIN RESERVED FOR BINDING



DAN 28 1917
BUREAU V B